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## APPLICANTS

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*SN*  
 \*\* CONTINUING DATA \*\*\*\*\*  
*None*

*SN*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature Initials				

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## TITLE

Customized articulating anatomical support

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